

Facility Name & ID Number Anchorage of Bensenville

0014258 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>129</u>	Skilled (SNF)	<u>129</u>	<u>47,085</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>96</u>	Intermediate (ICF)	<u>96</u>	<u>35,040</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>225</u>	TOTALS	<u>225</u>	<u>82,125</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>18,672</u>	<u>7,888</u>	<u>6,654</u>	<u>33,214</u>	8
9	SNF/PED					9
10	ICF	<u>25,470</u>	<u>8,191</u>		<u>33,661</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>44,142</u>	<u>16,079</u>	<u>6,654</u>	<u>66,875</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 81.43%

D. How many bed-hold days during this year were paid by Public Aid?

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

Home Delivered Meals, Nutrition Site, Staff Food Services

F. Does the facility maintain a daily midnight census?

YES

G. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?

YES

X

NO

☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES

X

NO

☐

I. On what date did you start providing long term care at this location?

Date started

1953

J. Was the facility purchased or leased after January 1, 1978?

YES

☐

Date

NO

X

K. Was the facility certified for Medicare during the reporting year?

YES

X

NO

☐

If YES, enter number

of beds certified

45

and days of care provided

Medicare Intermediary Adminastar Federal, Inc.

IV. ACCOUNTING BASIS

ACCRUAL X MODIFIED

CASH*

☐

CASH*

☐

Is your fiscal year identical to your tax year?

YES

X

NO

☐

Tax Year:

06/30/2003

Fiscal Year:

06/30/2003

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Anchorage of Bensenville # 0014258 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	551,938	67,230	282,465	901,633		901,633		901,633			1
2	Food Purchase		589,619		589,619	220	589,839	(169,630)	420,209			2
3	Housekeeping	274,215	60,304	25	334,544	819	335,363		335,363			3
4	Laundry	92,375	18,879	25	111,279		111,279		111,279			4
5	Heat and Other Utilities			361,545	361,545		361,545		361,545			5
6	Maintenance	154,176	28,127	102,892	285,195	(2,044)	283,151		283,151			6
7	Other (specify):*											7
8	TOTAL General Services	1,072,704	764,159	746,952	2,583,815	(1,005)	2,582,810	(169,630)	2,413,180			8
	B. Health Care and Programs											
9	Medical Director			40,000	40,000		40,000		40,000			9
10	Nursing and Medical Records	3,926,040	575,549	155,769	4,657,358	25,735	4,683,093		4,683,093			10
10a	Therapy	85,788	1,404	609,871	697,063		697,063		697,063			10a
11	Activities	176,796	4,646	33,025	214,467	53,770	268,237	(7,839)	260,398			11
12	Social Services	177,896		1,413	179,309		179,309		179,309			12
13	Nurse Aide Training											13
14	Program Transportation	21,673		6,985	28,658		28,658		28,658			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	4,388,193	581,599	847,063	5,816,855	79,505	5,896,360	(7,839)	5,888,521			16
	C. General Administration											
17	Administrative	76,889			76,889	318,176	395,065		395,065			17
18	Directors Fees											18
19	Professional Services			1,104,729	1,104,729	(482,187)	622,542	(460,601)	161,941			19
20	Dues, Fees, Subscriptions & Promotions			24,827	24,827	1,979	26,806	(4,253)	22,553			20
21	Clerical & General Office Expenses	275,805	45,125	115,764	436,694	15,919	452,613		452,613			21
22	Employee Benefits & Payroll Taxes			1,388,311	1,388,311	62,892	1,451,203		1,451,203			22
23	Inservice Training & Education											23
24	Travel and Seminar			9,624	9,624	4,158	13,782		13,782			24
25	Other Admin. Staff Transportation			1,493	1,493	11,678	13,171		13,171			25
26	Insurance-Prop.Liab.Malpractice			166,947	166,947		166,947		166,947			26
27	Other (specify):*											27
28	TOTAL General Administration	352,694	45,125	2,811,695	3,209,514	(67,385)	3,142,129	(464,854)	2,677,275			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,813,591	1,390,883	4,405,710	11,610,184	11,115	11,621,299	(642,323)	10,978,976			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			361,389	361,389		361,389	(7,632)	353,757			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			162,314	162,314		162,314	(19,143)	143,171			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds					119	119		119			34
35	Rent-Equipment & Vehicles			141,151	141,151	(112,205)	28,946		28,946			35
36	Other (specify):*											36
37	TOTAL Ownership			664,854	664,854	(112,086)	552,768	(26,775)	525,993			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		7,237	20,153	27,390	98,996	126,386		126,386			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops					1,975	1,975		1,975			41
42	Provider Participation Fee			123,188	123,188		123,188		123,188			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		7,237	143,341	150,578	100,971	251,549		251,549			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,813,591	1,398,120	5,213,905	12,425,616		12,425,616	(669,098)	11,756,518			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Facility Name & ID Number Anchorage of Bensenville

0014258

Report Period Beginning:

07/01/2002

Ending:

06/30/2003

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(169,630)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space	(6,070)	11		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(7,632)	30		9
10	Interest and Other Investment Income	(19,143)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(1,769)	11		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(4,253)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (208,497)		\$	30

OHF USE ONLY							
48		49		50		51	
						52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule VIII-B	(416,703)	19	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (416,703)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (625,200)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops	X		1,975	2	40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program	X		98,996	VAR	44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 100,971		47

STATE OF ILLINOIS

Page 5A

Anchorage of Bensenville

ID#0014258

Report Period Beginning:07/01/2002

Ending:06/30/2003

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1		\$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
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31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	0		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Anchorage of Bensenville

0014258

Report Period Beginning:

07/01/2002

Ending:

06/30/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(169,630)	0	0	0	0	0	0	0	0	0	0	(169,630)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(169,630)	0	0	0	0	0	0	0	0	0	0	(169,630)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(7,839)	0	0	0	0	0	0	0	0	0	0	(7,839)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(7,839)	0	0	0	0	0	0	0	0	0	0	(7,839)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(416,703)	(43,898)	0	0	0	0	0	0	0	0	0	(460,601)	19
20	Fees, Subscriptions & Promotions	(4,253)	0	0	0	0	0	0	0	0	0	0	(4,253)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(420,956)	(43,898)	0	0	0	0	0	0	0	0	0	(464,854)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(598,425)	(43,898)	0	0	0	0	0	0	0	0	0	(642,323)	29

Summary B

06/30/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

[illegible]

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Bensenville Home Society	100	Anchorage of Beecher	Beecher	LIFELINK AREA		INDEPENDENT
Lifelink Corporation (BHS Parent)	100	Pine Acres Care Center	DeKalb	HOUSING	VARIOUS	LIVING
				BRIDEWAY OF		INDEPENDENT
				BENSENVILLE	BENSENVILLE	LIVING
				LIFELINK CHARITI	BENSENVILLE	FUND RAISING
				LIFELINK SERVICE	BENSENVILLE	PROJ. DEVEL.
				SEE ATTACHED		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	19	Management Fees	\$ 109,522	Lifelink Corporation (V.P. Health Care)	100.00%	\$ 71,950	\$ (37,572)	1
2	V	19	Management Fees	50,531	Lifelink Corporation (Pastoral care)	100.00%	47,656	(2,875)	2
3	V	19	Management Fees	26,780	BHS (Volunteer Coordinator)	100.00%	23,431	(3,349)	3
4	V	19	Management Fees	2,107	BHS (Intergenerational Coordinator)	100.00%	2,005	(102)	4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 188,940			\$ 145,042	\$ * (43,898)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	CARL ZIMMERMAN	PRESIDENT	ADMIN.	NONE	16,611	7.8	19.50	SALARY	\$ 21,451	17-7	1
2	ROBERT LOGSTON	EXEC. VP ADMIN.	ADMIN.	NONE	16,611	7.8	19.50	SALARY	21,451	17-7	2
3	JAMES FORMAL	VP HEALTH CARE	ADMIN-HEALTH	NONE	66,000	16	40.00	SALARY	44,000	17-7	3
4	THOMAS NOESEN	VP FIN/TREASURE	ACCT/FINANCE	NONE	16,611	7.8	19.50	SALARY	21,451	17-7	4
5	ALLEN S. GABRYS	CONTROLLER	ACCT/FINANCE	NONE	12,350	7.8	19.50	SALARY	15,948	17-7	5
6	THOMAS KISER	VP SUPP. SERV.	SUPP. SERV.	NONE	16,611	7.8	19.50	SALARY	21,451	17-7	6
7	PAMELA JONES	DIR. - VOL.. SERV.	RECRUIT/PLACM	NONE	20,526	14	35.00	SALARY	14,368	17-7	7
8	DONALD PRIMDAHL	DIR. - BUDGETING	BDGT/GOVT. RE	NONE	14,224	7.8	19.50	SALARY	18,367	17-7	8
9	JANET HISBON	DIR. - PAST. CARE	SPRITUAL SERV	NONE	7,347	18.8	47.00	SALARY	20,310	17-7	9
10	KATHLEEN SCHUPBACH	DIR. - HUMAN RES	PERSONNEL	NONE	8,282	7.8	19.50	SALARY	10,695	17-7	10
11	ROBIN MCBROOM	INTERGEN. COORD.	ACTIVITIES	NONE	2,556	2	5.00	SALARY	1,278	17-7	11
12											12
13								TOTAL	\$ 210,770		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7		8	9	10				
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note				Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense				
		YES	NO				Original		Balance								
	A. Directly Facility Related Long-Term																
1			X	Refinance Mortgage and	***	***	\$	***		\$	***		***	***	\$	162,314	1
2				Capital Projects													2
3																	3
4																	4
5																	5
	Working Capital																
6																	6
7																	7
8																	8
9	TOTAL Facility Related						\$			\$					\$	162,314	9
	B. Non-Facility Related*																
10																	10
11				*** See Attached													11
12																	12
13																	13
14	TOTAL Non-Facility Related						\$			\$					\$		14
15	TOTALS (line 9+line14)						\$			\$					\$	162,314	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 0 Line #

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

<div><div>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</div></div>																																						
1. Real Estate Tax accrual used on 2002 report.		\$ 0	1																																			
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$ 0	2																																			
3. Under or (over) accrual (line 2 minus line 1).		\$	3																																			
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 0	4																																			
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$ 0	5																																			
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$ 0	6																																			
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 0	7																																			
Real Estate Tax History:																																						
Real Estate Tax Bill for Calendar Year:		<table><tr><td>1998</td><td>0</td><td>8</td></tr><tr><td>1999</td><td>0</td><td>9</td></tr><tr><td>2000</td><td>0</td><td>10</td></tr><tr><td>2001</td><td>0</td><td>11</td></tr><tr><td>2002</td><td>0</td><td>12</td></tr></table>	1998	0	8	1999	0	9	2000	0	10	2001	0	11	2002	0	12	<table><tr><td></td><td colspan="2">FOR OHF USE ONLY</td><td></td></tr><tr><td>13</td><td>FROM R. E. TAX STATEMENT FOR 2002</td><td>\$</td><td>13</td></tr><tr><td>14</td><td>PLUS APPEAL COST FROM LINE 5</td><td>\$</td><td>14</td></tr><tr><td>15</td><td>LESS REFUND FROM LINE 6</td><td>\$</td><td>15</td></tr><tr><td>16</td><td>AMOUNT TO USE FOR RATE CALCULATION</td><td>\$</td><td>16</td></tr></table>		FOR OHF USE ONLY			13	FROM R. E. TAX STATEMENT FOR 2002	\$	13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
1998	0	8																																				
1999	0	9																																				
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2002	0	12																																				
	FOR OHF USE ONLY																																					
13	FROM R. E. TAX STATEMENT FOR 2002	\$	13																																			
14	PLUS APPEAL COST FROM LINE 5	\$	14																																			
15	LESS REFUND FROM LINE 6	\$	15																																			
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																																			

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Anchorage of Bensenville COUNTY Du Page

FACILITY IDPH LICENSE NUMBER 0014258

CONTACT PERSON REGARDING THIS REPORT Donald H. Primdahl

TELEPHONE 630-521-8034 FAX #: 630-521-8067

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

(A)	(B)	(C)	(D)
Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1.		\$	\$
2.	N/A	\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

- A.

Square Feet:

139,890

B. General Construction Type:

Exterior

Brick

Frame

Number of Stories

1
- C.

Does the Operating Entity?

X

(a) Own the Facility

(b) Rent from a Related Organization.

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)
- D.

Does the Operating Entity?

X

(a) Own the Equipment

(b) Rent equipment from a Related Organization.

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)
- E.

List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

BENSENVILLE HOME SOCIETY'S CHILD & FAMILY SERVICES/NORTH HOUSE BUILDING - OFFICE SPACE (51,307 SQ. FT.)

LIFELINK AREA HOUSING'S CASTLE TOWERS - LOW INCOME SENIOR CITIZENS & HANDICAPPED APARTMENTS (110,000 SQ. FT. - 149 UNITS)

BENSENVILLE HOME SOCIETY'S MEADOW CREST UNITS - TOWN HOMES FOR SENIOR CITIZENS (12,500 SQ. FT. - 4 BUILDINGS / 13 UNITS)

BRIDGEWAY OF BENSENVILLE - CCRC FOR SENIOR CITIZENS (206,400 SQ. FT. - 160 UNITS)

- F.

Does this cost report reflect any organization or pre-operating costs which are being amortized?

YES

X

NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.	1		2		3		4	
	Use		Square Feet		Year Acquired		Cost	
1	Long Term Care		789,200		Pre 1900		\$ 14,628	
2								
3	TOTALS		789,200				\$ 14,628	

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1		2	3	4	5	6	7	8	9	
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	46		1953	1953	\$ 542,515	\$ 8,346	30	\$	(8,346)	\$ 542,515	4
5	137		1975	1975	3,200,989	80,025	40	80,025		2,194,274	5
6	47		1977	1977	906,521	22,663	40	22,663	(0)	589,239	6
7			1985	1985	148,230	4,941	30	4,941		88,938	7
8			1995	1995	789,192	37,007	30	26,306	(10,701)	234,325	8
	Improvement Type**										
9	1985 ADMINISTRATION BLDG. RENOVATION			1985	338,417	8,460	40	8,460		230,495	9
10	1986 ADMINISTRATION BLDG. RENOVATION			1986	26,077	652	40	652		16,662	10
11	FULLY DEPRECIATED				1,020,491		VAR			1,020,491	11
12	UNIT E HVAC AND PIPING			1983	11,290		20	561	561	11,290	12
13	ADMINISTRATION RENOVATION			1987	2,318	58	40	58		955	13
14	SIDEWALK AND PAVEMENT REPAIR			1988	14,491		20	725	725	10,870	14
15	ASPHALT REPAIRS			1989	49,263		16	3,079	3,079	40,027	15
16	CONCRETE REPAIRS			1989	31,335		20	1,566	1,566	21,932	16
17	UNITS C/D APPOLO BATH TUBS			1989	23,824		15	1,588	1,588	22,234	17
18	CONCRETE REPAIRS			1990	2,455		20	123	123	1,599	18
19	ROOF REPAIRS UNITS A/E			1990	13,011		8			13,011	19
20	FITTING FOR DIESEL FUEL TANK			1990	2,965		20	148	148	1,925	20
21	UNIT E ELECTRIC PANEL			1990	12,692		20	635	635	8,255	21
22	BOILER ROOM REPAIRS			1990	4,726		20	236	236	3,069	22
23	ELECTRIC PANEL FOR EMERGENCY GENERATOR			1990	6,290		20	314	314	4,083	23
24	LAUNDRY RENOVATION			1990	243,583		20	12,179	12,179	153,253	24
25	HVAC UPGRADE			1991	110,268		20	5,513	5,513	65,238	25
26	BACK FLOW PREVENTERS			1991	3,953		10			3,953	26
27	UNIT D HEAVY DUTY LIFTER			1991	1,275		15	85	85	1,020	27
28	HVAC UPGRADE			1992	32,784		20	1,639	1,639	19,669	28
29	REMODEL ICECREAM PARLOR			1992	11,388		20	569	569	6,828	29
30	MARKET PLACE/MURAL RENOVATION			1992	7,824		20	391	391	4,694	30
31	HANDICAPPED RAMPS			1992	55,125		10			55,125	31
32	REDECORATE UNITS A/E & CENTER LOUNGE			1992	15,439	386	8		(386)	15,439	32
33	REDECORATE ADMIN. OFFICE/CONF. ROOM			1992	8,290	208	8		(208)	8,290	33
34	GAS PIPING FOR LAUNDRY			1992	2,093	70	25	84	14	944	34
35	BIRD AVIARY			1992	6,780		10			6,780	35
36	REDECORATE STAFF DINNING ROOM			1992	5,852	146	8			5,852	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	ICECREAM PARLOR CABINETS AND SINK	1992	\$ 3,239	\$ 54	20	\$ 162	\$ 108	\$ 1,836	37
38	CONCRETE REPAIRS	1993	5,465	542	20	273	(269)	3,004	38
39	INSTALL HVAC EQUIPMENT - MAINTENANCE	1993	15,570	1,168	20	779	(389)	8,308	39
40	INSTALL TILE - COMMON AREA	1993	15,647	1,304	8		(1,304)	15,647	40
41	BEATY SHOP RENOVATION	1993	21,100	1,934	8		(1,934)	21,100	41
42	ELECTRICAL WIRING - BOILER	1993	4,200	385	20	210	(175)	2,223	42
43	HEAVY DUTY DRAPES AND RODS	1993	2,887	312	10	312		2,887	43
44	UNIT C ELECTRIC LOCKING DOORS	1993	6,385	583	10	583		6,385	44
45	UNIT D CORRIDOR REDECORATION	1993	23,595	1,376	8		(1,376)	23,595	45
46	LAUNDRY MAGNETIC DOOR HOLDER	1993	500	46	10	46		500	46
47	CHAPEL RENOVATIONS	1993	41,100	3,768	8		(3,768)	41,100	47
48	RENOVATE FAMILY DINNING ROOM	1993	6,475	594	8		(594)	6,475	48
49	KITCHEN WIRING AND FLOOR REPAIR	1993	1,068	98	8		(98)	1,068	49
50	WALK-IN FREEZER COIL	1993	2,699	247	8		(247)	2,699	50
51	6 X 4 LAMP FIXTURES - REHAB/ACTIVITIES	1993	1,113	104	10	104		1,113	51
52	ACTIVITIES KILN VENT	1993	5,070	507	10	507		5,028	52
53	REPLACE GAS LINE TO FURNACE	1993	5,057	295	25	202	(93)	2,206	53
54	ASPHALT WORK	1994	6,720	672	16	420	(252)	3,955	54
55	BATHROOM AND COMMON AREA RENOVATION	1994	26,510	2,651	8		(2,651)	26,510	55
56	BOILER ROOM AIR UNIT	1994	10,754	1,075	10	3	(1,072)	10,754	56
57	KITCHEN RECEPTACLES	1994	2,081	209	10	209		1,769	57
58	ACTIVITY AREA RENOVATION	1994	19,905	1,990	8		(1,990)	19,905	58
59	(40) SECURITY LIGHT FIXTURES	1995	7,600	760	10	760		6,460	59
60	(2) PUSHER PLATES, RECEIVERS & TRANSFORMERS	1995	1,080	108	20	54	(54)	459	60
61	(153) PAIRS OF DRAPES	1995	32,900	3,290	10	3,290		27,965	61
62	DOOR ALARM SYSTEM	1995	7,752	775	20	388	(387)	3,136	62
63	UNIT C NURSING STATION	1995	2,700	270	10	270		2,048	63
64	REPLACE KITCHEN PLUMBING VALVES	1995	4,245	423	10	423		3,326	64
65	TILE WALK-IN FREEZER	1995	4,243	424	8	368	(56)	4,243	65
66	KITCHEN PRESSURE DUMPSTER PAD	1995	1,840	184	10	184		1,487	66
67	REWIRE SMOKE DETECTORS	1996	2,579		8	322	322	2,361	67
68	SECURITY SYSTEM	1996	28,298	2,830	10	2,830		21,225	68
69	UNIT D SHOWER RENOVATION	1996	21,625	2,162	10	2,162		15,318	69
70	TOTAL (lines 4 thru 69)		\$ 7,993,748	\$ 194,102		\$ 187,401	\$ (6,555)	\$ 5,699,369	70

****Improvement type must be detailed in order for the cost report to be considered complete.**

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,993,748	\$ 194,102		\$ 187,401	\$ (6,701)	\$ 5,699,369	1
2	SEAL PARKING AREAS	1997	7,997	800	16	500	(300)	3,042	2
3	NEW GARAGE/STORAGE BUILDING	1997	12,348	410	30	410		2,367	3
4	AWNING EXTENSION/ROOF	1998	2,769	93	30	93		469	4
5	(12) VARIABLE AIR VOLUME CONTROLERS - UNIT D	1998	11,700	1,170	30	390	(780)	2,048	5
6	KICON REINFORCED WALL BOARDS - KITCHEN	1998	4,092	410	10	410		2,148	6
7	S/S WALL PANEL - KITCHEN	1998	3,700	370	10	370		1,942	7
8	ELECTRICAL WORK - KITCHEN	1998	1,034	105	10	105		543	8
9	EXTERIOR LIGHTING	1998	2,230	74	10	223	149	1,112	9
10	3" VALVES AND PIPING / UNIT E	1998	3,000	300	10	300		1,525	10
11	BUILDING SAFTY UPGRADES	1998	798,672	79,867	10	79,867		366,057	11
12	STRUCTURAL RENOVATION	1999	60,642	2,021	30	2,021		8,253	12
13	FIRE PROTECTION SYSTEM - MAINTENANCE	1999	2,951	296	10	296		1,279	13
14	BURGLAR ALARM SYSTEM - MAINTENANCE	1999	8,330	833	10	833		3,540	14
15	ACOUSTICAL CEILING - KITCHEN	1999	2,000	200	10	200		850	15
16	ROOF REPLACEMENT	1999	115,966	5,798	20	5,798		23,193	16
17	CARPETING - CENTER LOUNGE	1999	25,796	2,579	10	2,579		10,319	17
18	STAFF DINING ROOM RENOVATION	1999	4,666	466	10	466		1,867	18
19	REFURBISH FLOOR - SUNDAES BEST	1999	3,275	328	10	328		1,255	19
20	DOMESTIC WATER BACKFLOW	2000	11,501	1,150	10	1,150		3,546	20
21	FOUNDATION STRUCTURAL REPAIRS	2000	57,165	2,859	20	2,859		8,813	21
22	AUTOMATIC DOOR CLOSERS - UNIT A	2000	20,110	2,011	10	2,011		6,301	22
23	REDECORATE UNIT D NURSING STATION	2000	14,665	1,466	10	1,466		4,522	23
24	VARIABLE AIR VOLUMNE BOX - UNIT D	2000	11,700	1,170	10	1,170		3,608	24
25	HVAC UNIT - UNIT D	2000	37,700	3,770	10	3,770		11,624	25
26	INSTALL SIDEWALK	2000	2,730	273	10	273		705	26
27	ROOFTOP HVAC UNIT	2001	11,930	1,193	10	1,193		2,784	27
28	BATHROOM FIXTURES	2001	4,200	420	10	420		1,050	28
29	SPECTRUM 60DSEJ DIESEL GENSET GENERATOR	2001	26,627	2,662	10	2,662		5,547	29
30	GATE ALARM ON GARDEN GATE	2002	1,555	155	10	155		233	30
31	FLOOR REPAIRS	2002	15,425	1,542	10	1,542		1,928	31
32	GRNERATOR ADDITION	2002	794	159	5	159		212	32
33	GATED GARDEN	2002	73,300	7,330	10	7,330		10,995	33
34	TOTAL (lines 1 thru 33)		\$ 9,354,318	\$ 316,382		\$ 308,750	\$ (7,632)	\$ 6,193,046	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 9,354,318	\$ 316,382		\$ 308,750	\$ (7,632)	\$ 6,193,046	1
2	REPLACE FLOOR IN KITCHEN	2002	2,390	239	10	239		239	2
3	UPGRADE HVAC/ELECTRICAL PANELS	2003	20,920	1,046	10	1,046		1,046	3
4	REPLACE FIRE DOORS	2003	24,350	1,218	10	1,218		1,218	4
5									5
6									6
7									7
8									8
9									9
10									10
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,401,978	\$ 318,885		\$ 311,253	\$ (7,632)	\$ 6,195,549	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 380,028	\$ 35,759	\$ 35,759	\$	5 TO 10	\$ 247,483	71
72	Current Year Purchases	44,032	2,981	2,981		5 TO 10	2,981	72
73	Fully Depreciated Assets	572,625				5 TO 10	572,625	73
74								74
75	TOTALS	\$ 996,685	\$ 38,740	\$ 38,740	\$		\$ 823,089	75

D. Vehicle Depreciation (See instructions.)*										
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	RESIDENT TRANSPORTATION1997 DODGE RAM VAN			\$ 22,586	\$ 3,764	\$ 3,764	\$	6	\$ 21,958	76
77										77
78										78
79										79
80	TOTALS			\$ 22,586	\$ 3,764	\$ 3,764	\$		\$ 21,958	80

E. Summary of Care-Related Assets				1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)			\$ 10,435,877	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$ 361,389	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$ 353,757	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$ (7,632)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$ 7,040,596	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)					
	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress			
	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 141,151
- Description: SEE ATTACHED
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	N/A		\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2004 \$
13. /2005 \$
14. /2006 \$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

We hire only certified nursing assistants.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

B. EXPENSES

		ALLOCATION OF COSTS (d)			
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a	hrs	\$		\$ 12,620	\$ 432		\$ 13,052	1
2	Licensed Speech and Language Development Therapist	10a	hrs			10,445	302		10,747	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	hrs			50,183	670		50,853	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	10a				532,804			532,804	12
13	Other (specify): Vent Care	10a	2555	75,844			7,237	2,555	83,081	13
14	TOTAL			\$ 75,844		\$ 606,052	\$ 8,641	2,555	\$ 690,537	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Page 17

Facility Name & ID Number Anchorage of Bensenville

0014258

Report Period Beginning: 07/01/2002

Ending: 06/30/2003

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2003

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 53,031	\$ 64,558	1
2	Cash-Patient Deposits		193,962	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 670,364)	1,328,868	2,207,963	3
4	Supply Inventory (priced at Cost)	26,127	60,483	4
5	Short-Term Investments		112,130	5
6	Prepaid Insurance	54,952	290,829	6
7	Other Prepaid Expenses	7,478	449,285	7
8	Accounts Receivable (owners or related parties)	1,175,862	5,446,783	8
9	Other(specify): Grants Rec.	45,000	128,559	9
	TOTAL Current Assets			
10	(sum of lines 1 thru 9)	\$ 2,691,318	\$ 8,954,552	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		921,501	13
14	Buildings, at Historical Cost		22,751,133	14
15	Leasehold Improvements, at Historical Cost		702,333	15
16	Equipment, at Historical Cost		5,548,604	16
17	Accumulated Depreciation (book methods)		(16,409,692)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached		5,474,649	23
	TOTAL Long-Term Assets			
24	(sum of lines 11 thru 23)	\$	\$ 18,988,528	24
	TOTAL ASSETS			
25	(sum of lines 10 and 24)	\$ 2,691,318	\$ 27,943,080	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 480,863	\$ 2,245,669	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	126,383	216,590	28
29	Short-Term Notes Payable	37,815	502,400	29
30	Accrued Salaries Payable	66,214	121,682	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	3,301	9,691	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Due to Affiliated Corps.	1,410,457	17,897,568	36
37	Deferred Revenue		390,368	37
	TOTAL Current Liabilities			
38	(sum of lines 26 thru 37)	\$ 2,125,033	\$ 21,383,968	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		454,770	39
40	Mortgage Payable			40
41	Bonds Payable		14,724,621	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
	TOTAL Long-Term Liabilities			
45	(sum of lines 39 thru 44)	\$	\$ 15,179,391	45
	TOTAL LIABILITIES			
46	(sum of lines 38 and 45)	\$ 2,125,033	\$ 36,563,359	46
47	TOTAL EQUITY(page 18, line 24)	\$ 566,285	\$ (8,620,279)	47
48	TOTAL LIABILITIES AND EQUITY			
	(sum of lines 46 and 47)	\$ 2,691,318	\$ 27,943,080	48

*(See instructions.)

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,983,597	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,983,597	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,071,026)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	1,646	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) None Allowed Costs Excluded	(341,571)	15
16	Other (describe) DEPRECIATION CHARGE DIFFERENCE	(6,361)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,417,312)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 566,285	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Anchorage of Bensenville

0014258

Report Period Beginning: 07/01/2002

Ending: 06/30/2003

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1		2	
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 15,422,753	1
2	Discounts and Allowances for all Levels	(6,748,223)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,674,530	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,139,261	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,139,261	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	270,500	10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	1,975	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	169,630	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	6,070	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	27,605	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 475,780	23
	D. Non-Operating Revenue		
24	Contributions	36,901	24
25	Interest and Other Investment Income***	19,143	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 56,044	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Bus Rental	8,975	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,975	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,354,590	30

2		3	
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,583,815	31
32	Health Care	5,816,855	32
33	General Administration	3,209,514	33
	B. Capital Expense		
34	Ownership	664,854	34
	C. Ancillary Expense		
35	Special Cost Centers	27,390	35
36	Provider Participation Fee	123,188	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,425,616	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,071,026)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,071,026)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? NO If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,952	2,080	\$ 72,260	\$ 34.74	1
2	Assistant Director of Nursing	1,952	2,080	59,493	28.60	2
3	Registered Nurses	44,672	50,559	1,293,232	25.58	3
4	Licensed Practical Nurses	31,022	35,244	716,775	20.34	4
5	Nurse Aides & Orderlies	119,025	135,640	1,800,982	13.28	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,957	5,675	69,086	12.17	8
9	Activity Director	1,671	1,910	37,005	19.37	9
10	Activity Assistants	8,588	9,431	139,791	14.82	10
11	Social Service Workers	9,792	10,824	177,896	16.44	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	6,895	8,102	100,491	12.40	14
15	Cook Helpers/Assistants	44,034	48,091	451,447	9.39	15
16	Dishwashers					16
17	Maintenance Workers	10,308	11,889	154,176	12.97	17
18	Housekeepers	26,916	30,885	274,215	8.88	18
19	Laundry	9,169	10,562	92,375	8.75	19
20	Administrator	1,920	2,150	76,889	35.76	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,010	8,716	141,875	16.28	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	10,445	12,080	133,930	11.09	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Driver</u>	2,932	3,312	21,673	6.54	33
34	TOTAL (lines 1 - 33)	344,260	389,230	\$ 5,813,591 *	\$ 14.94	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$ 223,184	1-3	35
36	Medical Director		40,000	9-3	36
37	Medical Records Consultant			10-3	37
38	Nurse Consultant	3	235	10-3	38
39	Pharmacist Consultant		1,815	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	24	995	11-3	44
45	Social Service Consultant	30	1,473	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	57	\$ 267,702		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	663	\$ 31,223	10a-3	50
51	Licensed Practical Nurses	2,284	85,414	10a-3	51
52	Nurse Aides	1,258	28,331	10a-3	52
53	TOTAL (lines 50 - 52)	4,205	\$ 144,968		53

Facility Name & ID Number		Anchorage of Bensenville		STATE OF ILLINOIS		# 0014258		Report Period Beginning: 07/01/2002		Page 21		Ending: 06/30/2003							
XIX. SUPPORT SCHEDULES																			
A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions											
Name		Function		Ownership %		Amount		Description		Amount		Description		Amount					
Jane Muller		Administrator		0		\$ 76,889		Workers' Compensation Insurance		\$ 125,623		IDPH License Fee		\$					
								Unemployment Compensation Insurance		56,548		Advertising: Employee Recruitment		597					
								FICA Taxes		437,578		Health Care Worker Background Check							
								Employee Health Insurance		659,401		(Indicate # of checks performed 85)		595					
								Employee Meals				Subscriptions/Reference Publications		2,757					
								Illinois Municipal Retirement Fund (IMRF)*				Association Dues		16,625					
								Life Ins. / Disability Ins.		25,830		Public Relations		4,253					
								Pension (TSA)		72,673		Allocation Schedule VII-B		475					
								Staff Medical Exams		7,264		Allocation Schedule VII-B		1,504					
								Staff Uniforms/Employee Relations/Etc.		3,394									
								Vent. Benefits Reclassified		(14,621)		Less: Public Relations Expense		(4,253)					
								Allocation Schedule VII-B		22,127		Non-allowable advertising		()					
								Allocation Schedule VII-B		55,386		Yellow page advertising		()					
TOTAL (agree to Schedule V, line 17, col. 1)								TOTAL (agree to Schedule V,		\$ 1,451,203		TOTAL (agree to Sch. V,		\$ 22,553					
(List each licensed administrator separately.)						\$ 76,889		line 22, col.8)				line 20, col. 8)							
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**											
Description		Amount		Description		Line #		Amount		Description		Amount							
NONE		\$		NONE				\$		Out-of-State Travel		\$							
										AAHSA		4,198							
										In-State Travel									
TOTAL (agree to Schedule V, line 17, col. 3)		\$								Seminar Expense		5,426							
(Attach a copy of any management service agreement)										Allocation Schedule VII-B		1,467							
C. Professional Services												Allocation Schedule VII-B				2,691			
Vendor/Payee		Type		Amount								Entertainment Expense		()					
Lifelink Corporation		Mgmt Fee		\$ 188,941								(agree to Sch. V,							
Lifelink Corporation		Data Processing		96,522								line 24, col. 8)		\$ 13,782					
Lifelink Corp. & BHS		Allocated G & A		812,676															
Reingruber & Company		Medicare Consultant		3,432															
American Express		Billing Review		3,158															
TOTAL (agree to Schedule V, line 19, column 3)								TOTAL		\$									
(If total legal fees exceed \$2500 attach copy of invoices.)						\$ 1,104,729													
												* Attach copy of IMRF notifications				**See instructions.			

(See instructions.)

[illegible]

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO

(2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. LSN/AAHSA \$8,722

(3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? _____

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____

(5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 5-10 YRS

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 57,558 Line 10-2

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. _____

(9) Are you presently operating under a sublease agreement? _____ YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 123,188
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? NO Indicate the amount. \$ 0

(16) Travel and Transportation

a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____

c. What percent of all travel expense relates to transportation of nurses and patients? NONE

d. Have vehicle usage logs been maintained? YES

e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES

g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____

(17) Has an audit been performed by an independent certified public accounting firm? YES
Firm Name: KPMG The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? NO If no, please explain. AUDIT HAS NOT BEEN ISSUED

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES

(19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? YES
Attach invoices and a summary of services for all architect and appraisal fees.

DESCRIPTION OF LINE 24, SCHEDULE V:

NAME	JOB TITLE	DATE	LOCATION	SEM. TITLE	SPONSOR	COST
JANE MULLER	ADMINISTRATOR	9/4-9/5/02	ROSEMONT	DEFINING DIRECTION	LSN	\$295.00
KATHY WIGGINS KAREN VINSON	DIR CLINICAL SERVICES ASSISTANT D.O.N.	5/12/4-12/6/02	GALENA	PAINTING A CULTURE OF CHANGE	LSN	\$1,050.00
JIM FORMAL KATHY WIGGINS KAREN VINSON PAM WILLIAMS MARY DINGELDEIN TERRY GILTNER DOREEN LYNCH MARY KAY HOBBS CHRISTINE JORNS AMY WETESKA TIFFANY DEMKE ISD HATFIELD BRENDA KIMBALL	V.P. HEALTH CARE SER' DIR CLINICAL SERVICES ASSISTANT D.O.N. ACTIVITIES DIRECTOR ACTIVITIES COOR. CARE PLAN COOR. CARE PLAN COOR. CARE PLAN COOR. CARE PLAN COOR. CASEWORKER S.S. CASEWORKER NURSE CARE MAN. L.P.N.	4/9-4/11/03	CHICAGO	LSN CONFERENCE	LSN	\$1,048.75
ALL OTHER SEMINARS LESS THAN \$250.00:						\$3,032.00
ALLOCATED COSTS - SCHEDULE VII B:						\$1,467.00
ALLOCATED COSTS - SCHEDULE VIII B:						\$2,691.00
SUB-TOTAL						<u>\$9,583.75</u>
OUT OF STATE SEMINARS/CONFERENCES						\$4,197.86
TOTAL						<u>\$13,781.61</u>

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/01 - 06/30/02

IX INTEREST EXPENSE

FACILITY NUMBEINAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0005066	PEOTONE SENIOR LIVING CENTER
0039289	PINE ACRES CARE CENTER

THE BENSENVILLE HOME SOCIETY (BHS) IN CONJUNCTION WITH ITS AFFILIATED CORPORATIONS, LIFELINK AND BRIDGEWAY OF BENSENVILLE, HAVE ISSUED 1989A, 1995A, AND 1998 BONDS THRU THE ILLINOIS HEALTH FACILITY AUTHORITY ON VARIOUS DATES. SEE COPY OF OFFICIAL STATEMENTS ATTACHED. THE 1989B AND 1995B BONDS WERE RETIRED WITH THE ISSUANCE OF THE 1998 BONDS.

INTEREST PAID AND ACCRUED

1989A SERIES	47,542
1995A SERIES	123,878
1998 SERIES	1,007,341

LETTER OF CREDIT AND OTHER FEES

1989A SERIES	56,215
1995A SERIES	141,489
1998 SERIES	5,594
TOTAL	<u>1,382,059</u>

INTEREST HAS BEEN ALLOCATED BASED ON THE USE OF THE BOND PROCEEDS.

ANCHORAGE OF BENSENVILLE	35.5% OF 1989 BONDS	36,849
	13.2% OF 1995 BONDS	35,077
	8.9% OF 1998 BONDS	<u>90,388</u>
	TOTAL	<u>162,314</u>
ANCHORAGE OF BEECHER	44.5% OF 1989 BONDS	46,178
	11.4% OF 1998 BONDS	<u>115,706</u>
	TOTAL	<u>161,884</u>
PINE ACRES CARE CENTER	32.8% OF 1995 BONDS	87,095
OTHER*		970,766
TOTAL		<u><u>1,382,059</u></u>

* CORPORATE AND PARENT CORPORATE OFFICES AND NON-CARE RELATED.

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 7/1/02 - 6/30/03

XII B. # 16 EQUIPMENT RENTAL (PAGE14)

1.	APRIA HEALTHCARE		
	NEBULIZER	35.00	
	OXYGEN CONCENTRATOR	2,000.00	
	OXYGEN PORTABLE SYSTEM	2,540.00	
	OXYGEN LIQUID SYSTEM	3,240.00	
	VENTILATOR	7,700.00	15,515.00
2.	ARCH COMMUNICATIONS		
	PAGERS FOR:		
	ACTIVITIES	114.78	
	ADMINISTRATION	47.08	
	FOOD SERVICE	667.51	
	HOUSEKEEPING	332.08	
	LAUNDRY	172.64	
	MAINTENANCE	711.93	
	NURSING	482.77	
	TRANSPORTATION	93.08	2,621.87
3.	BATEMAN/MORRISON HEATHCARE		6,189.80
	KITCHEN EQUIPMENT		
4.	CENTRAD		
	OXYGEN PORTABLE SYSTEM	490.00	
	LIQUID OXYGEN RESERVIOR	917.50	
	OXYGEN CONCENTRATOR	591.00	
	H. REGULATOR	5.00	
	LP 10 VENTILATOR	200.00	2,203.50
5.	CHICAGO PARTY RENTAL		
	TENT & CHAIRS		1,076.75
6.	CITICORP VENDOR FINANCIAL		
	COPIER		3,342.10
7.	HICKLEY SPRINGS		
	WATER STATIONS		395.15
8.	KREG THERAPEUTICS		
	ARGOTECH		
	ORTHODERM	756.00	
	STARMATT	26,556.00	
	STAGE IV 2000	12,886.00	
	STAGE IV 3000	10,528.00	
	MICROAIR 3500	4,740.00	55,466.00
9.	LEASECOMM		
	ULTRASOUND		33,737.00
10.	MITA FINANCIAL		
	COPIER		9,529.34
11.	MINOLTA BUSINESS SYSTEMS		
	COPIER		8,021.89
12.	ONTAP		
	WATER PURIFICATION		904.50
13.	ORTHOREHAB		
	KNEE CPM UNIT		44.00
14.	PREMIER MEDICAL PRODUCTS		1,100.00
15.	THOMPSON RENTAL		
	TRUCK & HOIST		185.00
16.	WEST SANITATION		
	CLEANING SUPPLIES		819.00
			141,150.90

FACILITY ID#: 0014258
FACILITY NAME: ANCHORAGE OF BENSENVILLE
A FACILITY OF THE BENSENVILLE HOME SOCIETY
REPORT PERIOD: 07/01/02 - 06/30/03

SCHEDULE V

RECLASSIFICATIONS AND ADJUSTMENTS:

1.	LINE 3 HOUSEKEEPING	819	
	LINE 10 NURSING & RECORD KEEPING	90,347	
	LINE 11 ACTIVITIES	1,077	
	LINE 21 CLERICAL & GENERAL OFFICE	2,622	
	LINE 39 ANCILLARY SERVICE CENTER	17,719	
	LINE 35 RENT - EQUIPMENT		112,584
	TO RECLASSIFY RENTAL EQUIPMENT TO PROPER ACCOUNTS PER SCHEDULE XII B #16.		
2.	LINE 2 FOOD PURCHASES	309	
	LINE 11 ACTIVITIES	54,579	
	LINE 17 ADMINISTRATIVE	53,046	
	LINE 19 PROFESSIONAL SERVICES		142,409
	LINE 20 FEES, SUBSCRIPTIONS, FROM	475	
	LINE 21 CLERICAL & GENERAL OFFICE	4,009	
	LINE 22 EMPLOYMENT BENEFITS & TAXES	22,127	
	LINE 24 TRAVEL & SEMINARS	1,467	
	LINE 25 OTHER STAFF TRANSPORTATION	6,278	
	LINE 34 RENT- FACILITY & GROUNDS	119	
	TO RECLASSIFY MANAGEMENT FEES FROM PROFESSIONAL SERVICES TO PROPER ACCOUNTS.		
3.	LINE 41 GIFT & COFFEE SHOP	1,975	
	LINE 2 FOOD PURCHASES		89
	LINE 11 ACTIVITIES		1,886
	TO RECLASSIFY COFFEE SHOP EXPENSES		
4.	LINE 39 ANCILLARY SERVICE CENTER	61,223	
	LINE 10 NURSING & RECORD KEEPING		61,223
	TO RECLASSIFY RN OR LPN TIME TO VENTILATOR CARE BEDS. REPRESENTS NURSING STAFF REQUIRED. AMOUNT COMPUTED BASED ON AVERAGE HOURLY RATE OF STAFF TIME AS DETERMINED BY SCHEDULE XVII. (7 HOURS X 365 DAYS X 23.96 PER HOUR)		
5.	LINE 39 ANCILLARY SERVICE CENTER	14,621	
	LINE 22 EMPLOYMENT BENEFITS & TAXES		14,621
	TO RECLASSIFY EMPLOYEE BENEFITS AND PAYROLL TAXES RELATED TO VENTILATOR SALARIES IN ADJUSTMENT # 4 ABOVE.		
6.	LINE 39 ANCILLARY SERVICE CENTER	2,044	
	LINE 6 MAINTENANCE		2,044
	TO RECLASSIFY COST OF INFECTIOUS WASTE DISPOSAL FOR VENTILATOR PATIENTS.		
7.	LINE 39 ANCILLARY SERVICE CENTER	3,389	
	LINE 10 NURSING & RECORD KEEPING		3,389
	TO RECLASSIFY VENTILATOR SUPPLIES TO PROPER LINE.		
8.	LINE 17 ADMINISTRATIVE	265,130	
	LINE 19 PROFESSIONAL SERVICES		339,778
	LINE 20 FEES, SUBSCRIPTIONS, FROM	1,504	
	LINE 21 CLERICAL & GENERAL OFFICE	9,288	
	LINE 22 EMPLOYMENT BENEFITS & TAXES	55,386	
	LINE 24 TRAVEL & SEMINARS	2,691	
	LINE 25 OTHER STAFF TRANSPORTATION	5,400	
	LINE 35 RENT - EQUIPMENT	379	
	TO RECLASSIFY ALLOCATED MANAGEMENT AND GENERAL COSTS FROM PROFESSIONAL SERVICES TO PROPER ACCOUNTS.	339,778	339,778

RECAP ABOVE ENTRIES

LINE 2 FOOD PURCHASES	220	
LINE 3 HOUSEKEEPING	819	
LINE 6 MAINTENANCE		2,044
LINE 10 NURSING & RECORD KEEPING	25,735	
LINE 11 ACTIVITIES	53,770	
LINE 17 ADMINISTRATIVE	318,176	
LINE 19 PROFESSIONAL SERVICES		482,187
LINE 20 FEES, SUBSCRIPTIONS, FROM	1,979	
LINE 21 CLERICAL & GENERAL OFFICE	15,919	
LINE 22 EMPLOYMENT BENEFITS & TAXES	62,892	
LINE 24 TRAVEL & SEMINARS	4,158	
LINE 25 OTHER STAFF TRANSPORTATION	11,678	
LINE 34 RENT- FACILITY & GROUNDS	119	
LINE 35 RENT - EQUIPMENT		112,205
LINE 39 ANCILLARY SERVICE CENTER	98,996	
LINE 41 GIFT & COFFEE SHOP	1,975	

RECAP

LINE #	DESCRIPTION	0014258	0033803	0039289
		ANCHORAGE OF BENSENVILLE	ANCHORAGE BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	-	-	-
17	ADMINISTRATIVE	265,130	104,620	100,700
19	PROFESSIONAL SERVICES	56,195	22,174	21,344
20	FEES, SUBSCRIPTIONS, PROM.	1,504	593	571
21	GENERAL OFFICE EXPENSE	9,288	3,665	3,528
22	EMPLOYMENT BENEFITS & TX.	55,386	21,855	21,036
24	TRAVEL AND SEMINARS	2,691	1,062	1,022
25	OTHER STAFF TRANSPORT.	5,400	2,131	2,051
26	INSURANCE	-	-	-
34	RENT-FACILITIES & GROUND	-	-	-
35	RENTAL EQUIPMENT	379	150	144
TOTAL		395,972	156,249	150,396
ALLOCATION		19.50%	7.69%	7.41%

LINE #	DESCRIPTION	LIFELINK ADMINISTRATION (010)			LIFELINK BOARD & CORPORATE (020)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	928	928	-	-	-	-
17	ADMINISTRATIVE	591,462	105,572	485,890	-	-	-
19	PROFESSIONAL SERVICES	56,928	56,928	-	9,845	-	9,845
20	FEES, SUBSCRIPTIONS, PROM.	2,898	1,260	1,638	-	-	-
21	GENERAL OFFICE EXPENSE	4,568	-	4,568	385	-	385
22	EMPLOYMENT BENEFITS & TX.	118,393	21,132	97,261	-	-	-
24	TRAVEL AND SEMINARS	19,529	6,052	13,477	20	20	-
25	OTHER STAFF TRANSPORT.	17,682	-	17,682	-	-	-
26	INSURANCE	-	-	-	1,220	1,220	-
34	RENT-FACILITIES & GROUND	37,068	37,068	-	-	-	-
35	RENTAL EQUIPMENT	1,262	-	1,262	-	-	-
TOTAL		850,718	228,940	621,778	11,470	1,240	10,230

LINE #	DESCRIPTION	LIFELINK BUSINESS OFFICE (030)			LIFELINK SUPPORT SERVICES (080)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	114	114	-	-	-	-
17	ADMINISTRATIVE	582,203	16,415	565,788	149,963	10,528	139,435
19	PROFESSIONAL SERVICES	176,324	8841	167,483	1,553	1,553	-
20	FEES, SUBSCRIPTIONS, PROM.	3,821	495	3,326	1,619	229	1,390
21	GENERAL OFFICE EXPENSE	24,008	-	24,008	1,568	-	1,568
22	EMPLOYMENT BENEFITS & TX.	96,406	2,718	93,688	36,115	-	36,115
24	TRAVEL AND SEMINARS	3,414	3,093	321	2,184	-	-
25	OTHER STAFF TRANSPORT.	5,207	-	5,207	4,800	-	4,800
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROUND	68,400	68,400	-	11,460	11,460	-
35	RENTAL EQUIPMENT	301	-	301	11	-	11
TOTAL		960,198	100,076	860,122	209,273	25,954	183,319

LINE #	DESCRIPTION	LIFELINK MATERIALS HANDLING (110)			LIFELINK HUMAN RESOURCES (120)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	30	30	-	3	3	-
17	ADMINISTRATIVE	61,678	-	61,678	106,803	-	106,803
19	PROFESSIONAL SERVICES	6,088	-	6,088	36,487	2,763	33,724
20	FEES, SUBSCRIPTIONS, PROM.	733	-	733	623	-	623
21	GENERAL OFFICE EXPENSE	3,377	-	3,377	13,720	-	13,720
22	EMPLOYMENT BENEFITS & TX.	25,075	-	25,075	31,879	-	31,879
24	TRAVEL AND SEMINARS	-	-	-	-	-	-
25	OTHER STAFF TRANSPORT.	-	-	-	-	-	-
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROUND	960	960	-	26,724	26,724	-
35	RENTAL EQUIPMENT	69	-	69	302	-	302
TOTAL		98,010	990	97,020	216,541	29,490	187,051

LINE #	DESCRIPTION	BHS BOARD & CORPORATE (020)			GRAND TOTAL		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	-	-	-	1,075	1,075	-
17	ADMINISTRATIVE	-	-	-	1,492,109	132,515	1,359,594
19	PROFESSIONAL SERVICES	71,028	-	71,028	358,253	70,085	288,168
20	FEES, SUBSCRIPTIONS, PROM.	-	-	-	9,694	1,984	7,710
21	GENERAL OFFICE EXPENSE	5	-	5	47,631	-	47,631
22	EMPLOYMENT BENEFITS & TX.	-	-	-	307,868	23,850	284,018
24	TRAVEL AND SEMINARS	-	-	-	25,147	11,349	13,798
25	OTHER STAFF TRANSPORT.	-	-	-	27,689	-	27,689
26	INSURANCE	1,220	1,220	-	2,440	2,440	-
34	RENT-FACILITIES & GROUND	-	-	-	144,612	144,612	-
35	RENTAL EQUIPMENT	-	-	-	1,945	-	1,945
TOTAL		72,253	1,220	71,033	2,418,463	387,910	2,030,553

FACILITY ID#: 0014258

FACILITY NAME: ANCHORAGE OF BENSENVILLE
A FACILITY OF THE BENSENVILLE HOME SOCIETY

REPORT PERIOD: 07/01/02 - 06/30/03

SCHEDULE XIV - EXCEPTIONAL CARE REPORT

<u>RESIDENT NAME</u>	<u>DATES OF SERVICE</u>	NUMBER <u>OF DAYS</u>	ADDITIONAL <u>STAFFING</u>	SUPPLY <u>COST</u>	EQUIPMENT <u>COST</u>	DISPOSAL <u>COST</u>	CONSULTANT <u>TRAINING</u>	TOTAL
GREG BUDINGER	07/01/02- 06/30/03	365	75,844	3,389	11,220	2,044	1,500	93,997
TOTAL		365	75,844	3,389	11,220	2,044	1,500	93,997

<u>RN/LPN STAFF AND CONTRACTED</u>							
<u>PAYROLL</u>	<u>HOURS</u>	AVERAGE HOURLY <u>RATE</u>	HOURS <u>PER DAY</u>	DAYS OF <u>CARE</u>	EXCEPTIONAL <u>CARE SALARY</u>	TAX & BENEFIT <u>GROSS UP</u>	EXCEPTIONAL CARE <u>STAFF COSTS</u>
2,126,644	88,750	23.96	7	365	61,223	1.2388	75,844
A	B	A/B=C	D	E	C*D*E=F	G	F*G
TAX AND BENEFIT %				1,388,311/5,813,591=			
				23.88%			

BENSENVILLE HOME SOCIETY

SECTION XI - LINES 9 & 10

1985 / 1986 ALLOCATION OF RENOVATION COSTS FOR THE CFS BUILDING

CONSTRUCTION COSTS:	<u>1985</u> 1,735,410	<u>1986</u> 133,721	
CURRENT DEPRECIATION:	43,385	3,343	
FACILITY FY 2002:	<u>BENSENVILLE</u>	<u>BEECHER</u>	<u>PINE ACRES</u>
FACILITY OPERATING EXP. (A)	12,760,682	5,035,321	4,846,697
TOTAL OPERATING EXP. (B)	65,437,039	65,437,039	65,437,039
(A) / (B)	19.50%	7.69%	7.41%
1985 COST PERCENTAGE	338,417	133,538	128,536
1985 DEPRECIATION PERCEN	8,460	3,338	3,213
1986 COST PERCENTAGE	26,077	10,290	9,904
1986 DEPRECIATION PERCEN	652	257	248

E HOME SOCIETY

OD 07/01/0 - 06/30/03

FACILITY NUMBER NAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0039289	PINE ACRES CARE CENTER

SCHEDULE XV BALANCE SHEET (AFTER CONSOLIDATION)

LINE 23 - OTHER

BENEFICIAL INTEREST IN PERPETUAL TRUST	3,992,545
STUDENT LOANS RECEIVABLE	54,855
CASH RESTRICTED FOR STUDENT LOANS	54,551
DEFERRED COSTS AND OTHER INTANGIBLES, NET	1,119,588
OTHER ASSETS, NET	253,110
	<div><div></div><div>5,474,649</div><div></div></div>

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/02 - 06/30/03

FACILITY NUMBER NAME

0014258 ANCHORAGE OF BENSENVILLE

SCHEDULE XVII - LINE 41

	(1) BENSENVILLE HOME <u>SOCIETY</u>	(2) <u>FACILITY</u>	BHS RELATED <u>(1) - (2)</u>
<u>ANCHORAGE OF BENSENVILLE</u> REVENUES	37,444,508	11,354,590	26,089,918
EXPENSES	39,797,117	12,425,616	27,371,501
NET INCOME (LOSS) FROM OPERATIONS	<u>(2,352,609)</u>	<u>(1,071,026)</u>	<u>(1,281,583)</u>

LIFELINK CORPORATION
BENSENVILLE HOME SOCIETY

ANCHORAGE OF BENSENVILLE	# 0014258
ANCHORAGE OF BEECHER	# 0033803
PINE ACRES CARE CENTER	# 0039289
PEOTONE SENIOR LIVING CENTER	# 0005066

SCHEDULE VII-A

ATTACHED ARE LISTS OF THE BOARD OF DIRECTORS FOR LIFELINK CORPORATION AND BENSENVILLE HOME SOCIETY.

NONE OF THESE DIRECTORS PROVIDE ANY SERVICES TO EITHER CORPORATION NOR DO THEY HAVE ANY OWNERSHIP IN ANY ENTITY THAT DOES BUSINESS WITH EITHER CORPORATION.

SCHEDULE VII-A3

<u>NAME</u>	<u>CITY</u>	<u>TYPE OF BUSINESS</u>
Hoyleton Youth and Family Services	Hoyleton	Social Services
Hoyleton Children's Home Foundation	Hoyleton	Fund Raising

RECAP

LINE #	DESCRIPTION	0014258	0033803	0039289
		ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	309	231	231
11	ACTIVITIES	54,579	21,460	15,660
17	ADMINISTRATIVE	53,046	39,785	39,785
19	PROFESSIONAL SERVICES	2,633	1,697	1,637
20	FEES, SUBSCRIPTIONS, PROM.	475	134	67
21	GENERAL OFFICE EXPENSE	4,009	2,325	2,137
22	EMPLOYMENT BENEFITS & TX.	22,127	14,618	14,020
24	TRAVEL AND SEMINARS	1,467	1,105	1,105
25	OTHER STAFF TRANSPORT	6,278	3,428	3,045
34	RENT-FACILITIES & GROUND	119	87	87
35	RENTAL EQUIPMENT	-	-	-
TOTAL		145,041	84,871	77,774

VICE PRESIDENT OF HEALTH CARE (020-050)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	727	-	727	291	218	218
11	ACTIVITIES	-	-	-	-	-	-
17	ADMINISTRATIVE	164,150	31,535	132,615	53,046	39,785	39,785
19	PROFESSIONAL SERVICES	3,168	3,168	-	-	-	-
20	FEES, SUBSCRIPTIONS, PROM.	40,317	40,317	-	-	-	-
21	GENERAL OFFICE EXPENSE	2,613	-	2,613	1,045	784	784
22	EMPLOYMENT BENEFITS & TX.	40,733	7,825	32,908	13,163	9,872	9,872
24	TRAVEL AND SEMINARS	3,211	-	3,211	1,284	963	963
25	OTHER STAFF TRANSPORT	7,800	-	7,800	3,120	2,340	2,340
34	RENT-FACILITIES & GROUND	11,088	-	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		273,807	93,933	179,874	71,960	53,962	53,962
ALLOCATION %				40.0%	30.0%	30.0%	

PASTORAL CARE(020-150)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	233	233	-	-	-	-
11	ACTIVITIES	82,866	-	82,866	38,947	9,944	4,143
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	853	-	853	401	102	43
20	FEES, SUBSCRIPTIONS, PROM.	964	-	964	453	116	48
21	GENERAL OFFICE EXPENSE	2,698	-	2,698	1,268	324	135
22	EMPLOYMENT BENEFITS & TX.	8,538	-	8,538	4,013	1,025	427
24	TRAVEL AND SEMINARS	1,263	1,263	-	-	-	-
25	OTHER STAFF TRANSPORT	5,476	-	5,476	2,574	657	274
34	RENT-FACILITIES & GROUND	2,436	-	-	-	-	-
35	RENTAL EQUIPMENT	129	129	-	-	-	-
TOTAL		105,476	4,081	101,395	47,656	12,167	5,070
ALLOCATION %				47.0%	12.0%	5.0%	

VOLUNTEER COORDINATOR(100-200)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	53	-	53	19	13	13
11	ACTIVITIES	41,151	-	41,151	14,403	10,288	10,288
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	6,378	-	6,378	2,232	1,595	1,595
20	FEES, SUBSCRIPTIONS, PROM.	30	-	30	11	8	8
21	GENERAL OFFICE EXPENSE	4,781	-	4,781	1,673	1,195	1,195
22	EMPLOYMENT BENEFITS & TX.	12,298	-	12,298	4,304	3,075	3,075
24	TRAVEL AND SEMINARS	408	-	408	143	102	102
25	OTHER STAFF TRANSPORT	1,532	-	1,532	536	383	383
34	RENT-FACILITIES & GROUND	6,459	6,144	315	110	79	79
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		73,090	6,144	66,946	23,431	16,737	16,737
ALLOCATION %				35.0%	25.0%	25.0%	

INTERGENERATIONAL(100-240)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	3	3	-	-	-	-
11	ACTIVITIES	24,576	-	24,576	1,229	1,229	1,229
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	-	-	-	-	-	-
20	FEES, SUBSCRIPTIONS, PROM.	219	-	219	11	11	11
21	GENERAL OFFICE EXPENSE	451	-	451	23	23	23
22	EMPLOYMENT BENEFITS & TX.	12,929	-	12,929	646	646	646
24	TRAVEL AND SEMINARS	881	81	800	40	40	40
25	OTHER STAFF TRANSPORT	956	-	956	48	48	48
34	RENT-FACILITIES & GROUND	2,132	1,962	170	9	9	9
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		42,147	2,046	40,101	2,005	2,005	2,005
ALLOCATION %				5.0%	5.0%	5.0%	

BENSENVILLE HOME SOCIETY
SCHEDULE VII-C
6/30/2003

ANCHORAGE OF BENSENVILLE

NAME	POSITION	GROSS WAGES	FIXED SALARY	TOTAL	ALLOCATION MAXIMUM EXCESS TO FACILITYALLOWABLE OVER ADJUSTED			
					RATE (%)	UNADJUSTED \$110,000	LIMIT	ALLOCATION
CARL ZIMMERMAN	PRESIDENT	311,827	9,600	321,427	19.50%	62,681	21,451	41,230
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	195,873	7,800	203,673	19.50%	39,718	21,451	18,267
JAMES FORMAL	VP HEALTH CARE	133,735	7,800	141,535	40.00%	56,614	44,000	12,614
THOMAS NOESEN	VP FINANCE / TREASURER	152,639	4,800	157,439	19.50%	30,702	21,451	9,251
ALLEN GABRYS	CONTROLLER	81,780	-	81,780	19.50%	15,948	21,451	-
THOMAS KISER	VP SUPPORT SERVICES	135,625	4,800	140,425	19.50%	27,384	21,451	5,933
PAMELA JONES	DIRECTOR - VOLUNTEER	41,050	-	41,050	35.00%	14,368	38,500	-
DONALD PRIMDAHL	DIRECTOR - BUDGETING	94,186	-	94,186	19.50%	18,367	21,451	-
JANET HISBON	DIRECTOR - PASTORAL CARE	43,213	-	43,213	47.00%	20,310	51,700	-
KATHLEEN SCHUPP	DIRECTOR - HUMAN RESC	54,844	-	54,844	19.50%	10,695	21,451	-
ROBIN MCBROOM	INTERGENERATIONAL CO	25,567	-	25,567	5.00%	1,278	5,500	-
TOTAL ALLOCATION								
								210,765

CORPORATE ALLOCATION %

ANCHORAGE OF BENSENVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

\$12,760,682 / \$65,437,039 = 19.50%

BENSENVILLE HOME SOCIETY
SCHEDULE VII-C
6/30/2003

ANCHORAGE OF BEECHER

NAME	POSITION	GROSS WAGES	FIXED SALARY	TOTAL	ALLOCATION MAXIMUM EXCESS TO FACILITYALLOWABLE OVER ADJUSTED			
					RATE (%)	UNADJUSTED \$110,000	LIMIT	ALLOCATION
CARL ZIMMERMAN	PRESIDENT	311,827	9,600	321,427	7.69%	24,734	8,464	16,269
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	195,873	7,800	203,673	7.69%	15,672	8,464	7,208
JAMES FORMAL	VP HEALTH CARE	133,735	7,800	141,535	30.00%	42,461	33,000	9,461
THOMAS NOESEN	VP FINANCE / TREASURER	152,639	4,800	157,439	7.69%	12,115	8,464	3,650
ALLEN GABRYS	CONTROLLER	81,780	-	81,780	7.69%	6,293	8,464	-
THOMAS KISER	VP SUPPORT SERVICES	135,625	4,800	140,425	7.69%	10,806	8,464	-
PAMELA JONES	DIRECTOR - VOLUNTEER	41,050	-	41,050	25.00%	10,263	27,500	-
DONALD PRIMDAHL	DIRECTOR - BUDGETING	94,186	-	94,186	7.69%	7,248	8,464	-
JANET HISBON	DIRECTOR - PASTORAL CARE	43,213	-	43,213	12.00%	5,186	13,200	-
KATHLEEN SCHUPP	DIRECTOR - HUMAN RESC	54,844	-	54,844	7.69%	4,220	8,464	-
ROBIN MCBROOM	INTERGENERATIONAL CO	25,567	-	25,567	5.00%	1,278	5,500	-
TOTAL ALLOCATION								
								101,345

CORPORATE ALLOCATION %

ANCHORAGE OF BEECHER PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

\$5,035,321 / \$65,437,039 = 7.69%

BENSENVILLE HOME SOCIETY
SCHEDULE VII-C
6/30/2003

PINE ACRES CARE CENTER

NAME	POSITION	GROSS WAGES	FIXED SALARY	TOTAL	ALLOCATION MAXIMUM EXCESS TO FACILITYALLOWABLE OVER ADJUSTED			
					RATE (%)	UNADJUSTED \$110,000	LIMIT	ALLOCATION
CARL ZIMMERMAN	PRESIDENT	311,827	9,600	321,427	7.41%	23,807	8,147	15,660
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	195,873	7,800	203,673	7.41%	15,085	8,147	6,938
JAMES FORMAL	VP HEALTH CARE	133,735	7,800	141,535	30.00%	42,461	33,000	9,461
THOMAS NOESEN	VP FINANCE / TREASURER	152,639	4,800	157,439	7.41%	11,661	8,147	3,514
ALLEN GABRYS	CONTROLLER	81,780	-	81,780	7.41%	6,057	8,147	-
THOMAS KISER	VP SUPPORT SERVICES	135,625	4,800	140,425	7.41%	10,401	8,147	2,253
PAMELA JONES	DIRECTOR - VOLUNTEER	41,050	-	41,050	25.00%	10,263	27,500	-
DONALD PRIMDAHL	DIRECTOR - BUDGETING	94,186	-	94,186	7.41%	6,976	8,147	-
JANET HISBON	DIRECTOR - PASTORAL CARE	43,213	-	43,213	5.00%	2,161	5,500	-
KATHLEEN SCHUPP	DIRECTOR - HUMAN RESC	54,844	-	54,844	7.41%	4,062	8,147	-
ROBIN MCBROOM	INTERGENERATIONAL CO	25,567	-	25,567	5.00%	1,278	5,500	-
TOTAL ALLOCATION								
								96,386

CORPORATE ALLOCATION %

PINE ACRES CARE CENTER PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

\$4,846,697 / \$65,437,039 = 7.41%

BENSENVILLE HOME SOCIETY
SCHEDULE VII-C
6/30/2003

SUMMARY

NAME	POSITION	TOTAL EXCLUDED ALLOCATION		TOTAL ADJUSTED ALLOCATION	
CARL ZIMMERMAN	PRESIDENT		73,159		38,062
ROBERT LOGSTON	EXEC. VP ADMINISTRATION		32,413		38,062
JAMES FORMAL	VP HEALTH CARE		31,535		110,000
THOMAS NOESEN	VP FINANCE / TREASURER		16,415		38,062
ALLEN GABRYS	CONTROLLER		-		28,298
THOMAS KISER	VP SUPPORT SERVICES		10,528		38,062
PAMELA JONES	DIRECTOR - VOLUNTEER SERV.		-		34,893
DONALD PRIMDAHL	DIRECTOR - BUDGETING		-		32,590
JANET HISBON	DIRECTOR - PASTORAL CARE		-		27,656
KATHLEEN SCHUPP	DIRECTOR - HUMAN RESOURCES		-		16,977
ROBIN MCBROOM	INTERGENERATIONAL COORD.		-		3,855
TOTAL			164,049		408,495